ALABAMA VOTER COMPLAINT

Please Print All Information

Date	Person Bringing Complaint	
Name	Date	_
Address		
County		
Etelephone H ()		
Telephone W ()		
Telephone W ()		
S-Mail		
Precinct Location City Address Description of the Alleged Violation f known, please state the section of the Help America Vote Act that you maintain was violated. Explain the basis for your complaint. Please provide a detailed listing of facts, circumstances, witnesses, procedures, occurrences, and other information including the names of persons whom you believe have information about the alleged violation. If necessary,		
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Person(s) or entity against whom Complaint is Alleged			
Name(s)		Entity (if any)	
Location of Violation			
City I would like the Secretary of State to conduct a hearing on this matter.	□ Yes	County	
	□ Yes		
I have attached additional documents or sheets to this complaint form.	□ res	□ No	
Sworn Statement of the Voter Making Complaint			
State of Alabama			County
I swear/affirm under oath that all statements made in this complaint are a			
Signature of voter			
Printed Name of Voter			
Printed Name of Voter			
Signature of Notary Public			
Notary's Commission Expires			
1.7			

Accommodations and Mailing

Any person with a disability may request accommodation in order to participate in the administrative complaint process. Requests for accommodation should be made at the time of filing the complaint. Requests for participants other than the person making the complaint should be made ten working days before the accommodation is needed. Requests should be made to the Legal Division of the Secretary of State's Office, (334) 242-3942 or 1-800-274-VOTE. Accessible parking and entryways to the Alabama State Capitol are located near the Union Street entrance.

Please mail your completed form and attachments, if any to:

Office of the Secretary of State, 600 Dexter Avenue, Room S-105 Post Office Box 5616, Montgomery, Alabama, 36103, 334-242-3942